STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES DIRECTIVE	PROGRAM: **MENTAL HEALTH SERVICES**
	DPSCSD #: 124-402
	TITLE: Referrals for Consultation by Chief Psychiatrist
	ISSUED:
	AUTHORITY: DIRECTOR
	CLINICAL AUTHORITY: ASSIST. DIRECTOR
	APPROVED: DEPUTY SECRETARY

I. REFERENCES: DPSCSD 124-003, 124-401, 124-425, 124-?Guardianship
Health General, § 5-606, ACM

II. PURPOSE: To establish guidelines for referral of inmates to the chief psychiatrist for a psychiatric consultation.

III. PROCEDURE:

A. An inmate may be referred to the Chief Psychiatrist for a psychiatric consultation when a psychiatric treatment issue is not resolvable and all available reasonable and possible solutions have been explored completely and documented by the treatment staff on site at the referring institution. Specifically, licensed physicians and credentialed psychologists in the State of Maryland have a duty to determine: competency to refuse medical care, or dangerousness to self or others in appropriate clinical situations, prior to asking for a consultation.

B. Examples of appropriate consultation referral questions and the necessary information from the referring staff are as follows:

1. <u>Assessment of Competency to Refuse Psychiatric Treatment</u>

The treating psychiatrist must document a complete competency assessment of the referred inmate. If there is more than one contractual psychiatrist at the referring facility, both will establish competency and document this. In the case where somatic (e.g., HIV) medications or treatments are being refused, the somatic treating physician must also document a competency assessment. If all evaluators are in agreement, then emergency medication, restoration of competency or commitment to a psychiatric hospital for involuntary medication review panel may be initiated on site by the treating physicians. In cases where competency to make medical decisions is not restorable (by emergency medication or

involuntary psychiatric admission), guardianship of the patient for medical decision making may be pursued. See DPSCSD 124-?

In cases where the evaluators do not agree with each other, or when a treatment professional of another discipline disagrees with the evaluator(s), a consultation should be requested with the Chief Psychiatrist **for the medical contractor** to that D.O.C. facility. In cases where the Chief Psychiatrist for the medical contract is unable to resolve the issue, a referral may be submitted to the DPSCS Chief Psychiatrist. (See Appendix I –DPSCS Form 124-402aR for referral form.)

2. Assessment of Dangerousness to Self or to Others

The treating psychiatrist must document a complete dangerousness assessment of the referred inmate. If there is more than one contractual psychiatrist at the referring facility, both psychiatrists will evaluate the patient and document the results. In facilities where there is an available doctoral level psychologist, who is credentialed to sign certification forms, he or she may also provide there second dangerousness assessment. In cases where there are not sufficient available psychiatrists or qualified psychologists to certify dangerous patients or in cases where the opinions of the on-site evaluators are conflicting, the Chief Psychiatrist for the medical contractor servicing the referring D.O.C facility will be asked to provide a consultation. If the Chief Psychiatrist for the medical contractor is unable to resolve the issue, a referral may be submitted to the State's Chief Psychiatrist using Form 124-402aR.

3. Assessment of Treatment Resistant Psychiatric Conditions

The on-site contractual psychiatrist as well as the contractual Chief Psychiatrist's opinion should be documented in the patient's record. If an additional psychiatric opinion is still sought, referral may be made to the DPSCS Chief Psychiatrist. All past medication trials and the patient's responses must be documented on the referral form (Appendix I).

IV. ATTACHMENTS: Appendix I: Referral for Psychiatric Consult

V. SUPERSEDES: None.

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